

ID # \_\_\_\_\_



## Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of employment desired: ☐ full-time ☐ part-time ☐ summer or seasonal

Please indicate your availability for the following: ☐ First shift ☐ Second shift ☐ Third shift  
☐ Rotating/Relief shift

Date you will be available to start work: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

➤ Have you been previously employed by Syndeo Staffing? ☐ Yes ☐ No

➤ Have you ever worked for the City of Wichita? ☐ Yes ☐ No

○ If yes, list the position and dates of employment: \_\_\_\_\_

➤ Are any relatives (by blood or marriage), or anyone who lives in your residence, employed by the City of Wichita? ☐ Yes ☐ No

○ If yes, please list department, relationship and name. \_\_\_\_\_

➤ Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No

➤ If you are under 18, can you furnish a work permit if it is required? ☐ Yes ☐ No

➤ Have you been convicted of a criminal offense? ☐ Yes ☐ No

➤ If yes, where did the offense(s) occur? (a conviction will not automatically bar employment):  
County/State: \_\_\_\_\_

➤ Were you ever discharged or forced to resign from any position? ☐ Yes ☐ No

➤ Drivers license number (if driving is an essential job duty): \_\_\_\_\_

➤ How were you referred to us? \_\_\_\_\_

### Employment History

Please provide all employment information for your past four employers starting with the most recent.

May we contact your current employer? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### **Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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## Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

## References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I further understand that to be hired for this position, I will be subject to drug screening, a physical exam, a criminal record check, and, if applicable, a driver's license check. I also agree to conform to the rules of Syndeo Staffing and the City of Wichita.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Drug Test and Physical Consent

If you are offered and accept employment with Syndeo Staffing, you will be required, as a condition of employment, to take a physical and/or urine test for drug use prior to your first day of service.

You will be tested for the following drugs:

- THC
- Cocaine
- PCP
- Opiates
- Amphetamines

I have been fully informed of the reason for the physical and the urine test for drug (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results will be forwarded to my potential employer and will become a part of my employment record.

If the drug test is positive, I will be contacted by a physician and given the opportunity to explain the results of this test. I understand that I may not be hired as a result of a positive drug test.

I hereby authorize these test results to be released to Syndeo Staffing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Representative: \_\_\_\_\_